

AGENCY DISPLAY OF ESTIMATED BURDEN

The public reporting burden for this collection of information is estimated to average 20 minutes per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the **U.S. Department of Transportation, Office of International Aviation, X-46, 400 7th Street, SW, Washington, DC 20590.**

PAPERWORK REDUCTION ACT OF 1995

Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number is displayed in the upper right-hand corner of this form.

For DOT Use Only –PC No. _____ Waiver No. _____



**U.S. Department of
Transportation**
Office of the Secretary
of Transportation

**STATEMENT OF CHARTER OPERATOR AND DIRECT AIR CARRIER
FLIGHT SCHEDULE NUMBER _____**

INSTRUCTIONS: Submit this form to U.S. Department of Transportation, Special Authorities Division, X-46, Office of International Aviation, 400 7th Street, SW, Washington, DC 20590. Date of filing for purposes of DOT regulations is the date properly completed forms are received by DOT.

1a. Name (and DBA, if applicable) and Mailing Address of Charter Operator

1b. Telephone Number () _____

Fax Number () _____

2a. Name (and DBA, if applicable) and Mailing Address of Direct Air Carrier:

2b. Telephone Number () _____

Fax Number () _____

3. Proposed date and routing of each flight: (use additional pages, if necessary)

4. Type of aircraft and number of seats engaged:

5. Charter price of each flight:*

\$ _____

6. Tour itinerary (if any) including hotels (names and length of stay at each), and other accommodations and services:

*If confidentiality is desired, please state charter price in separate correspondence.

We, _____
(Charter Operator)

and _____
(Direct Air Carrier)

certify that we have entered into a charter contract on _____ that covers the
(Date)

flight schedule described above. The contract complies with all applicable DOT regulations.

7. A copy of the flight schedule has been sent to (complete applicable blanks and write "N.A." in those not applicable):

(Charter Operator's Securer)

(Charter Operator's Depository Bank)

(Direct Carrier's Securer)

(Direct Carrier's Depository Bank)

8. Applicant is a U.S. Public Charter Operator as defined in Section 380.2 of the Department's regulations:

(Signature of Officer)

(Name in print)

(Title)

9. **CHARTER OPERATOR**

DIRECT AIR CARRIER

BY: _____
(Signature)

BY: _____
(Signature)

(Name in print)

(Name in print)

(Title)

(Title)

(Phone Number) / (Fax Number)

(Phone Number) / (Fax Number)

(Street, Box Number)

(Street, Box Number)

(City, State, Zip Code)

(City, State, Zip Code)

(Date)**

(Date)**

**This document is not acceptable if not dated.